

FBPE

**FLORIDA BOARD OF
PROFESSIONAL ENGINEERS**

2639 North Monroe Street, Suite B-112
Tallahassee, Florida 32303

Application For
Continuing Education Provider
New Provider Application

READ AND FOLLOW ALL OF THESE INSTRUCTIONS.

You must familiarize yourself and comply with the requirements for licensure. These instructions are not intended to remove, modify or amend the requirements. ALL INFORMATION MUST BE TYPED. Handwritten applications WILL BE RETURNED along with your payment. This will delay processing and may result in missing deadlines.

Application Requirements
<input type="checkbox"/> Complete Continuing Education Provider Application
<input type="checkbox"/> \$250.00 Application Fee
<input type="checkbox"/> Submit copy of detailed course outline covering all required subjects and the CEU/PDH's that will be given
<input type="checkbox"/> Submit copy of instructor(s) résumé(s)
<input type="checkbox"/> Submit sample of course certificate of completion

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please read all questions thoroughly.

ATTESTATION STATEMENT:

The provider's point-of-contact is required to sign the attestation statement located on the bottom of page 3. It is NOT to be signed by an instructor or administrative representative.

GENERAL INFORMATION:

Please complete all sections of the application. If the question does not pertain to you, then please write N/A. A fee of \$250.00 must accompany the application. If the correct fee is not attached, then the application will be mailed back to you. **If you plan to offer Laws and Rules and/or Professional Ethics courses, you must complete the Laws and Rules and/or Professional Ethics Course Approval Application(s).**

CERTIFICATE OF COMPLETION:

Attach a sample certificate of completion. Each certificate must contain the provider number, course or seminar number and the date(s) of attendance. The provider must maintain all attendance records for at least four (4) years after the date of the offering of each course or the receipt of documentation for completion of a home study or interactive distance learning course. See Rule 61G15-22.012, FAC.

ANTICIPATED LOCATIONS:

Attach a list of anticipated locations for course offerings.

COURSE MATERIALS AND SAMPLES:

Attach a sample of intended course materials. Diskettes, CDs, books, or bulky materials are not acceptable samples.

EVALUATION METHOD:

Describe the method of evaluation that will be used to determine if the course attendees achieve the objectives of the course.

DETAILED COURSE OUTLINE:

The detailed course outline must indicate the class the course topic, all points to be covered regarding the topic and an associated timeline indicating the number of minutes to be spent on each topic. Reiteration of course topics does not constitute a detailed course outline. The course outline must be attached as an addendum to the application.

PROVIDER STATUS (EXPIRATION):

Provider status expires on May 31st pursuant to rule 61G15-22.014 of each odd numbered year. Providers must complete a renewal application ninety (90) days before the expiration of provider status in order to prevent a lapse in provider status and to allow the continuation of providing courses or seminars for credit that would be acceptable to the Board. Pursuant to Rule 61G15-22.012(1)(h) all providers must notify the board within 14 days of a change in their address or telephone number.

PROVIDER OBLIGATIONS:

All providers are required to provide certificates to all participants. All providers and participants are required to keep record copies for at least 4 years.

The Provider's name, provider number and course name must be used on all correspondence, advertisements, etc.

Once your application is approved you will be given a continuing education provider number. You must include this complete number, on everything you send to the Board office.


INSTRUCTOR QUALIFICATIONS:

(REQUIRED BY COMMERCIAL EDUCATOR APPLICANTS ONLY)

Please attach a copy of the names of all instructor(s) and their résumé(s)/curriculum vitae, listing any and all education and relevant work experience that allows the person to instruct the courses being offered.

Please send your completed application and documentation to

Florida Board of Professional Engineers
2639 N. Monroe Street, Ste B-112
Tallahassee, FL 32303
www.fbpe.org

		APPLICATION FOR NEW CONTINUING EDUCATION PROVIDER Fee: \$250 (Made Payable to FBPE)		
COMPANY NAME				
MAILING ADDRESS	Number and Street:		Apt/Lot No.:	
	City:	State:	Zip Code:	County:
BUSINESS TELEPHONE NUMBER:		POINT OF CONTACT:		
EMAIL ADDRESS: Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).		FEIN / SOCIAL SECURITY NUMBER: Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, F.S.		

PROVIDER CATEGORY

Please check the category that best describes your organization.

- A commercial educator. 61G15-22.002 Definitions. (An individual or business organization trained in teaching and offering education courses for a profit).
- A state or national professional association whose primary purpose is to promote the profession of engineering.
- A Professional Engineer with a Florida license to practice engineering who is not and has never been the subject of disciplinary action.
- A Professional Engineering Business holding a current Florida Certificate of Authorization.
- A governmental agency impacting the practice of engineering that is **NOT** a State or Federal Agency exempt under 61G15-22.011(9), F.A.C.
- Other

ADDITIONAL PROVIDER INFORMATION

If you are a Florida Professional Engineer applying for provider status, please list your Florida P.E. License # _____
If you are a Professional Engineer applying for provider status, please indicate whether any state Board has ever taken disciplinary action against your engineering license. <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide the Final Order number and the violation. FINAL ORDER NUMBER: _____
Violation:
If you are a Professional Engineering Business applying for provider status, please list your Florida CA #. _____
If you are a professional engineering business applying for provider status, please indicate whether any state Board has ever taken disciplinary action against the certificate of authorization for your engineering business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please provide the Final Order number and the violation. FINAL ORDER NUMBER: _____
Violation:

COURSE INFORMATION
Please answer the following questions pertaining to the course(s) your organization is offering.
Describe the types of courses or seminars you expect to conduct as a Continuing Education Provider.
<div style="text-align: center; font-size: small; margin-top: 50px;"> Attach supplement if needed. </div>
Describe how you plan to update your course(s) based on changes in the law or rules.
<div style="text-align: center; font-size: small; margin-top: 50px;"> Attach supplement if needed. </div>
Describe the procedures to be used in evaluating the

licensee's performance in the course.

Attach supplement if needed.

List and attach a **sample course curriculum** for each intended course.
Diskettes, CDs, books, or bulky materials are not acceptable samples.

Attach supplement if needed.

ATTESTATION

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I hereby agree to abide by the Florida Board of Professional Engineers Laws and Rules regarding Continuing Education provider status in Chapter 61G15-22.

Applicant

Sign Here _____

Date _____

REMINDERS:

- * ATTACH A COPY OF THE CERTIFICATE OF COMPLETION.
- * IF APPLYING AS A COMMERCIAL EDUCATOR: ATTACH A COPY OF THE INSTRUCTOR(S) RESUME DEMONSTRATING KNOWLEDGE OF SUBJECT MATTER.
- * ATTACH A LIST OF COURSES AND THE AMOUNT OF CEU/PDH'S FOR EACH COURSE.